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TRANSMITTAL FORM

PTO/SB/21 (09-04) Application Number 10/764,127 Filing Date January 23, 2004 First Named Inventor Zdeblick, Mark Art Unit 3737 Examiner Name Unassigned Attorney Docket Number

(to be used for all correspondence after initial filing)

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ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/ded Extension of Time Re Express Abandonme Information Disclosur Certified Copy of Price Document(s) Reply to Missing Part Application	claration(s) equest nt Request re Statement Rem	Drawing(s) Licensing-related Pape Petition Petition to Convert to a Provisional Application Power of Attorney, Rev Change of Correspond Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table	ocation ence Address e on CD	Aftu Applor Appl	peal Com Appeals a peal Com peal Notic oprietary atus Lette her Encic low): stcard	Ince Communication to TC Immunication to Board and Interferences Immunication to TC Ince, Brief, Reply Brief) Information Info	
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	SIGNATURE	OF APPLICANT, A	TIORNET,	UK AGEN	<u> </u>		
Firm Name Townse	end and Townsend a	nd Crew LLP					
Signature							
Printed name James	M. Heslin						
Date	V4/3/0	6	Reg. No.	29,541		· .	
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
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Jones Jon							
Typed or printed name	Brad J. Loos				Date	04/04/06	

PTO/SB/83 (09-04)

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	<u>F10/3B/83109-</u> 04
Application Number	10/764,127
Filing Date	January 23, 2004
First Named Inventor	Zdeblick, Mark
Art Unit	3737
Examiner Name	Unassigned
Attorney Docket Number	021308-000810US

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the abo	ove identified p	atent app	lication	, and		
all the attorneys/agents of record						
all the attorneys/agents (with registration num	bers) listed on	the attach	ned pap	er(s),	or	
all the attorneys/agents associated with Customer Number 20350						
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.						
The reasons for this request are: Client requests trans	fer of matter to	firm listed	d below			•
CORRESPO	NDENCE A	DRES	S			
The correspondence address is NOT affected by	y this withdrawa	al.				
Change the correspondence address and direct	all future corre	spondenc	ce to:			
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Signature						
Name James M. Heslin	_	Reg	istratior	No.	29,541	
Date 4/3/06		Tele	phone	No.	650-326	-2400
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						